

**NC DHHS – NC DMH/DD/SAS  
Mobile Crisis Management (MCM)  
Endorsement Check Sheet Instructions**

**Introduction**

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with Division of Health Services Regulation (DHSR) or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. *DMH/DD/SAS Records Management and Documentation Manual*, Communication Bulletins, Implementation Updates, Clinical Coverage Policy 8A, and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships. On the endorsement check sheet, there are suggested sources of evidence for locating information that may assist the reviewer in determining compliance with the respective requirements. The items identified are not an exhaustive list of sources, nor must each item named be reviewed. The reviewer examines evidence presented only until the element in question is substantiated as being met by the provider.

**Provider Requirements**

In this section, the provider is reviewed to ascertain that administrative requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would affect this element.

- a.** Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- b.(1).** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC.

Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

- b.(2).** Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

### **Staffing Requirements**

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical interview (if it has been conducted prior to the on site review). The credentials and qualifications of any additional or ancillary staff hired in the time between the desk review and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with

the requirements and responsibilities. Personnel records must demonstrate evidence that all required training has been acquired by each staff member delivering day treatment services and completed within the specified time frames.

- a.(1). Review for evidence that each MCM Team will have a minimum of one licensed Qualified Professional (QP) who is a registered nurse (RN), licensed clinical social worker (LCSW), or psychologist.
- a.(2). Review for evidence that each MCM Team will have a minimum of one clearly identified substance abuse professional with a CCAS, CCS or CSAC.
- a.(3). Review for evidence that each MCM Team will have access to a QP or AP with experience in intellectual/developmental disabilities.
- b. Policy should reflect the access to a psychiatrist through telephone, telepsychiatry, or face-to-face to the crisis staff 24/7/365. Review employment records or contacts, MOAs to ensure that there is sufficient psychiatric availability to MCM Team.
- c. Review for documentation that any paraprofessional on the team has competency in crisis management and meets the requirements in 10A NCAC 27.G.0104. Review for evidence that a supervising professional is available for consultation when a paraprofessional is providing services.
- d. Review documentation for evidence that staff have a minimum of one year's experience in providing crisis management services AND twenty (20) hours of training in appropriate crisis intervention strategies within the first 90 days employment.

### **Service Type/Setting**

The elements in this section pertain to the provider's having an understanding of the MCM Team Services and the service delivery system.

For the desk review, review documentation to verify that provider demonstrates a schedule of operation, locations of service and interventions provided are within the parameters specified by the service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that MCM is being provided to consumers who meet the eligibility requirements and that interventions occur face-to-face in the least restrictive setting (in the community).

- a.(1). Review policies and other documentation for language that reflects a call plan (schedule) that has MCM Team members accessible at all times and that range of available staff for service or consultation must be consistent with the descriptions in Staffing Requirements above. In addition, records should reflect experiences that demonstrate responses that are timely (immediate by phone and face to face within two hours) and are provided in the least restrictive setting.

- a.(2).** MCM policy should reflect the potential for MCM to serve as a primary intervention for new consumers who may be seen at home, at school, in other community settings, or with law enforcement as appropriate. However, policies and procedures should also reflect MCM as a secondary level of service for consumers with a clinical home. MCM services should reflect that, for consumers already receiving services and support, the team's response is a second level service coordinated with first responder services and/or the consumer's service providers in responding to the crisis and in accordance with the crisis plan. Service notes should reflect that if consumer is a direct referral to MCM, the team has responded as necessary to the crisis and has made reasonable attempts to identify and involve the clinical home or first responder during the mobile crisis response. In addition, records should reflect the timely provision of MCM in support of providers, and at times as a primary provider (for consumers new to the system) of crisis services in community settings. (That there are other providers involved does not negate MCM's required adherence to the response time frames.)
- b.(1).** Review for documentation that reflects that the primary method of service delivery is through face-to-face contact with some telephonic intervention. Face to face time includes time with law enforcement, family, other providers involved, etc. It is not merely related to face to face time directly with the consumer. Review for evidence that the provider tracks face-to-face contacts to ensure that a minimum of 80% of the MCM response (in the aggregate) is face-to-face.
- b.(2).** Policy should reflect the ability to provide services safely in multiple community settings and emergency department settings. MCM policy must reflect the process of determining the location in which MCM intervention should be provided. This should take into account safe engagement of the consumer in the least restrictive and most natural community setting. Elements of safety determination should be evident in policy. In addition to the above, records should reflect safe interventions in varied sites of service and community. These can include schools, primary care physician offices, homes, emergency departments, DSS offices, etc. A review of the records of services provided should reflect MCM service assessed to be safe and appropriate with services subsequently provided in a variety of community settings (not solely the hospital ED).
- b.(3).** MCM policy should reflect the options for disposition available to the team in the event that the MCM Team is unable to stabilize the crisis situation. Options should include appointments for follow-up, inpatient admission, detox capability, etc. The awareness of these options for necessary disposition should be reflected in the assessment procedure. Records should reflect the thoughtful disposition of cases in a safe and timely fashion. In instances where there is not an appropriate resource available, the best safe alternative should be located and documented. Lack of a specific resource in a region should be noted and reported to the LME. Documentation should reflect that appropriate referrals are made as are arrangements for services.

## **Program Requirements**

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized models (therapeutic mentoring, positive behavioral supports, motivational enhancement therapy, anger management, etc.).

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of the service definition and the MCM model.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of the service MCM model. Review documentation to determine clinical integrity, coordination other services and supports in delivery of services and documented interventions that indicate adherence to the best practice standards.

- a.** MCM policy should reflect the capability of immediate phone response and assessment to determine the appropriate face to face intervention necessary to be provided in the least restrictive, community based setting when possible. Records should reflect the ability to immediately accept calls for the emergency phone response and assessment. Records should reflect the process of triage and assessment to determine the level and place of intervention needed for each consumer. Interventions and thought processes to develop those interventions should be described as part of the assessment. Notes should reflect consultation with psychiatrist or other professional as appropriate to situation and circumstances.
- b.** MCM policy must reflect a call plan that has providers accessible at all times. The range of available staff for service or consultation must be consistent with the descriptions in Staffing Requirements above. Records should reflect experiences that demonstrate a timely response (immediate by phone and face to face within two hours) to emergent situations.
- c.** Review policy and other documentation for language that reflects that the MCM Team has the capacity to respond to the crises of all individuals – all disability groups and ages. MCM policy reflects the composition of the team as described in Staffing Requirements. The ability to access consultative services for DD consumers should be noted in policy. Required availability of a psychiatrist via phone, telepsychiatry, or face to face should be described as part of the team process in the assessment guidelines. A review of the MCM records reflects consultations when necessary involving appropriately experienced staff (SA, MH, DD) as part of the assessment process. Issues involving medications and complex presentations demonstrate access to psychiatrists for additional intervention.
- d.** MCM policy describes the need for determining whether one or more staff members need to be involved on a mobile team intervention. Policy should reflect this decision process of determining the safety/need of one or more staff to deploy on an emergency call. A review of the records reflects the implementation of this process to safely deploy one or more staff on an emergency call.
- e.(1)** MCM policy should reflect the potential for MCM to serve as a primary intervention for new consumers who may be seen at home, at school, in other community settings, or with law enforcement as appropriate. MCM policy must reflect the process the team should follow to development the crisis plan at the conclusion of each MCM event. The policy should reflect

the dissemination of this plan to consumers, and with consent to other providers, first responders, and family as appropriate. A review of the record reflects the presence of the crisis plan from the PCP included in the record at the conclusion of the MCM event. This plan reflects the disposition, future contacts, interventions to avoid additional crisis events, etc.

- e.(2). Policies and procedures should also reflect MCM as a secondary level of service for consumers with a clinical home. MCM policy should reflect efforts to obtain the existing crisis plan for consumers currently in the MH/DD/SAS system. Existing crisis plans may have specific guidance as to the desired response or advance directive a consumer may have indicated as the most effective intervention during a crisis. A policy should be in place to reflect a review of the PCP crisis plan for additional updates or interventions learned from the current crisis.
- f. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services. All members of the MCM Team must be interviewed.

### **Documentation Requirements**

All contacts for Mobile Crisis Management must be documented - a daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Service Records Manual.

- a. MCM policy must reflect the need for a service note for staff intervention for both phone intervention and face to face time that includes time spent in the intervention/activity, the outcome of the intervention, and appropriate signatures for person providing the service. A review of the records reflects the interventions and outcomes of both phone involvement and face to face involvement with the consumer and others involved in the crisis response (law enforcement, family, physician, teacher, etc). Documentation should reflect that appropriate referrals are made as are arrangements for services. Notes should reflect consultation with psychiatrist or other professional as appropriate to situation and circumstances. Documentation should include an account of all persons contacted. The note is complete with appropriate signatures.